PATENT APPLICATION FEE DETERMINATION RECORD 9/891, 727 Effective October 1, 2000																						
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SM/ Typ		NTITY	OR	OTHER SMALL											
ΤĆ	TAL CLAIMS		23				R	ATE	FEE		RATE	FEE										
FC	R		NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	·710.00										
TOTAL CHARGEABLE CLAIMS			2,8 minus 20=		· 8		x	5 9=		OR	X\$18=	144										
INDEPENDENT CLAIMS			/ minus 3 =.		• _		-	40=			X80=	147										
ML	ILTIPLE DEPEN	IDENT CLAIM PF								OR	X00=											
* If the difference in column 1 is less than your enter #0" in actumn 0							+1	35=		OR	+270=											
* If the difference in column 1 is less than zero, enter "0" in column 2							TC	TAL	<u> </u>	OR	TOTAL	854										
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL I	ll ll										
AMENDMENT A		CLAIMS		HIGH	EST	(Column 3)		-mall 1	ADDI-		- Junite	ADDI-										
	I.	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONAL FEE										
	Total		Minus	**	18	=_	X	9=~		Z R	X\$18=											
	Independent	• NTATION OF M	Minus	ENDENT	S CLAIM		X	40= /		OR	X80=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35_		OR	+270=											
./)								TOTAL T. FEE		OR	TOTAL ADDIT, FEE											
		(Column 1)		(Colu		(Column 3)	ADDI	1, FEE	<u> </u>	•	ADDII. (26)											
AMENDMENT B	,,,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	.08	Minus	•	18	=	X	5 9= ~		OR	X\$18=											
	Independent	• /	Minus	•••	3_	= 2	X	10=		OR	X80=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=											
								TOTAL			TOTAL											
ADDIT. FEE (Column 2) (Column 3)											ADDIT. FEE											
AMENDMENT C	C	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	R/	NTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	· 28	Minus		8	=	X	9=		OR	X\$18=											
ME	Independent	•	Minus	***	3	=	-	iŌ=			X80=											
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	CLAIM		∣ —ऀ			OR	 											
+135= OR +270=																						
••	If the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa	iid For" IN THIS aid For" IN THIS	S SPACE I	s less tha is less tha	n 20, enter "20." ın 3, enter "3."	ADDI	T. FEE	لـــــا	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												

Application or Docket Number